			DETERMINAT	ION DECORD
DATENT	ADDI ICATIO	M FFF	DETERMINAL	ION RECORD

Effective October 1, 2004

Application or Docket Number

10635810

	CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY											
TOTAL CLAIMS				İ				RATE	FEE		RATE	FEE
FO	R· .	. • .	NUMBER FILED		NUMBER EXTRA			BASIC FEE	395.00	OR	BASIC FEE	790.00
TO	TAL CHARGEA	BLE, CLAIMS	mir	minus 20= *		•		X\$ 9=		OR	X\$18=-	
INC	EPENDENT CL	AIMS	·ni	nus 3 =	s 3 =			X44=		OR	X88=	
MU	LTIPLE DEPEN	DENT CLAIM PE	RESENT					+150=		OR	+300=	,
• If	the difference	in column 1 is	less than ze	ero, ente	"0" in c	olumn 2		TOTAL		OR	TOTAL	
	•	LAIMS AS A		- PAR	T (I .		OTHER THAN					
NTA		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		FATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DWE D	Total	. 20	Minus	2	1	=		X\$ 0.5		OR	XS 162	
AMENDMENT	Independent	. 3	Minus	J)	=].	×100		OR	300	
4	FIRST PRESE	NTATION OF MI	JUTIPLE DE	PENDEN	CLAIM]	180		OR	360	
•			TOTAL			TOTAL						
		(Column 1)		(Colu	mn 21	(Column 3		ADOM, FEE I		,	ADDIT. FEE	
NT B		CLAIMS REMAINING AFTER		HIGH NUM PREVI	IEST BER	PRESENT EXTRA		RATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
NON	Tota	· · · · · · · · · · · · · · · · · · ·		1		=).!~£=		OR	XSTE	
1	incres no.					-	-	X44=		OR	X8€=	
4	FIRST PRESE	NTATION OF MU	ULTIPLE DE	PENDENT	CLAIM		٤	+150=		OR	+300=	
						٠.		LATOT		OR	TOTAL ADDIT ETT	
,	gantin ay in the second	erri nastri ser		i HiĠi	Javá	W	j ;	<i>y</i>	د و چې چې د د	i		1 4000 1
ENTC		CLAMS REMAINING AFTER AMENDMENT		PREV	GER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	٠	RATE	ADDI- TIONAL FEE
MO	Total	•	Minus	**		= :		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	•	Minus	. ***	<u>.</u>	=		X44=		OR	X88=	
1	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		۱.	+150=			+300=	
* If the entry in column 1 is less than the entry in Eddon V. or in 10 in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." The "Highest Number Previously Paid For" (Total or Independent) is the highest many enfound in the appropriate box in optumn 1.												
•	"If the 'Highest Nu	whiter Previously P	ald For IN Th	OS SPACE	is less th	m 3, ente	م د مص ا	and in the en	nd etsingmo	x in c	otumo 1	•

PATENT	APP	LICATI	ON	FEE	DET	ER	MINATION	RECORD
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Effective January 1, 2003

Application or Docket Number

. CLAIMS AS FILED - PART (Column 1)					(Colu	mn 2)	SMALL TYPE	OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			21				RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FI	E 375.00	OR	BASIC FEE	750.00
то	TAL CHARGEA	BLE CLAIMS	21 min	us 20=	• /		X\$ 9=		OR	X\$18=	18
IND	EPENDENT CL	AIMS	3 mi	nus 3 =	•		X42=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				+140=		OR	+280=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	olumn 2	TOTAL		OR	TOTAL	768
	С	LAIMS AS A	MENDED	- PAR	ГИ					OTHER THAN	
		(Column 1) CLAIMS		(Colum		(Column 3)	SMAL	LENTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF ME	Minus	***	C AINA	-	X42=		OR	X84=	
	FINOT PRESE	NIATION OF MO	JUIPLE DEF	PINDEN	CLAIM		+140=		OR	+280=	
1 11 21							TOTA ADDIT. FE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	กก 2)	(Column 3)	ADDI1.1 C		•	ADDII. I CE	
_		CLAIMS		HIGH	EST		1	ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
NON	Total	*	Minus	**		a	X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	ENIDENCE	OI 4194	-	X42=		OR	X84=	
	PINOT PHESE	NIAHON OF MU	JETIPLE DEF	ENDENT	CLAIM		+140=		OR	+280=	
							TOTA ADDIT, FE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur		(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***			X42=		OR	X84=	
L	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDENT	CLAIM		+140=			-200	
.* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280= TOTAL	
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3,						ADDIT. FE	E	OR	ADDIT. FEE	
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										